

PLANNING AND DEVELOPMENT DEPARTMENT



INSPECTION SERVICES DIVISION CITY OF HIGH POINT NORTH CAROLINA

MECHANICAL PERMIT REQUEST

TO: CITY OF HIGH POINT, INSPECTION SERVICES DEPARTMENT
211 S. HAMILTON STREET, P.O. BOX 230
HIGH POINT, NC 27261

TEL. NO: (336/883-3170) FAX NO: (336/883-8518) TDD: (336/883-8517)

ADDRESS OF PROPERTY:

CONTACT PERSON: _____

CONTRACTOR: _____ PHONE _____
Name

Street Address

City of High Point State Zip Code

CITY OF HIGH POINT CONTRACTOR NUMBER _____
N C CONTRACTOR'S LICENSE NO. _____ TYPE _____

PROPERTY OWNER: _____ PHONE _____
Name

Street Address

City of High Point State Zip Code

RESIDENTIAL

0 New Residence, Heating Only (per unit) _____

0 New Residence, Heating & AC (per unit) _____

0 Existing Construction, Heating Only (indicate size) _____

0 Existing Construction, AC & Heat Pump (per unit) _____

0 Existing Construction, Heat and AC (including gas packs, & complete system heat pumps) _____

0 Gas Connections (per connection) _____

0 Miscellaneous (per unit) _____ (describe) _____

Total No. of Appliances _____

COMMERCIAL

0 ALL HEAT PRODUCING EQUIP. HW, AHU, VAV DESCRIPTION OF EQUIPMENT

QUANTITY BOXES W COILS BTUs OR Kws (per unit)

_____ 0-150,000 BTU/HR or 0-45 KW

_____ 151,000-400,000 BTU/HR or 46-100 KW

_____ 401,000-1,000,000 BTU/HR or over 100KW

0 AIR CONDITIONERS, HEAT PUMPS, DESCRIPTION OF EQUIPMENT

QUANTITY TONS PER UNIT

_____ 0-8 TONS

_____ 9-15 TONS

_____ 16-25 TONS

_____ OVER 25 TONS (please specify tonnage)

θ QUANTITY	FAN COIL, UNITS, NON-HEAT, AHU, VAV BOXES CFM OF UNIT	DESCRIPTION OF EQUIPMENT
_____	0-1000 CFM	
_____	1001-3000 CFM	
_____	3001-5000 CFM	
_____	OVER 5000 CFM (specify CFM's)	

θ QUANTITY	BLOWERS AND EXHAUST SYSTEMS, INCLUDING BATH FANS
_____	0-5 MOTOR HORSEPOWER
_____	6-25 MOTOR HORSEPOWER
_____	OVER 25 MOTOR HORSEPOWER

QUANTITY	MISCELLANEOUS
o _____	DUCT SYSTEMS ONLY (NOT APPLICABLE IF INSTALLED WITH EQUIPMENT)
o _____	WATER COOLING TOWER/SYSTEMS
o _____	EXHAUST SYSTEM FOR COOKING EQUIPMENT
o _____	PAINT SPRAY BOOTH
o _____	CHILLERS
o _____	GAS CONNECTIONS/OUTLETS
o _____	MISCELLANEOUS (DESCRIBE)_____

SIGNATURE OF CONTRACTOR_____ DATE_____